

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

**CALIFORNIA 460
FORM**

| | |
|---------------------------------------------------|----------------------------------------------------------------------------|
| Statement covers period from <u>01/01/2020</u> | Date of election if applicable: (Month, Day, Year) <u>11/03/2020</u> |
| SEE INSTRUCTIONS ON REVERSE | |

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Committee
 State Candidate Election Committee Controlled
 Recall Sponsored
(Also Complete Part 5)
 General Purpose Committee Primarily Formed Candidate/
 Sponsored Officeholder Committee
 Small Contributor Committee *(Also Complete Part 7)*
 Political Party/Central Committee

2. Type of Statement:

Prelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
 Carlos Escobedo for Santa Maria City Council District 1 2020

| | | | |
|-----------------------------------------------------------|-------|-----------------|-----------------|
| STREET ADDRESS (NO P.O. BOX) | | AREA CODE/PHONE | |
| 124 W. Main Street, Suite D | | 805-619-0566 | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Santa Maria | CA | 93458 | 805-619-0566 |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX | | | |
| 124 W. Main Street, Suite D | | AREA CODE/PHONE | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |

OPTIONAL: FAX / E-MAIL ADDRESS
 carlosforsmcitycouncil@gmail.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/12/2020 Date
 By *[Signature]* Signature of Treasurer or Assistant Treasurer
 Executed on 07/12/2020 Date
 By *[Signature]* Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 Executed on Date
 By *[Signature]* Signature of Controlling Officeholder, Candidate, State Measure Proponent
 Executed on Date
 By *[Signature]* Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

**CALIFORNIA 460
FORM**

Page 2 of 16

5. Officeholder or Candidate Controlled Committee

| | | | |
|-----------------------------------|------------------------|--------------|---------------------------------------------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | NAME OF BALLOT MEASURE | | |
| Carlos Escobedo | BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member: City of Santa Maria District 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Santa Maria CA 93458
1010 W. Alvin Avenue

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

| | | | |
|----------------|-------------|-----------------------|----------------------------------------------------------|
| COMMITTEE NAME | I.D. NUMBER | CONTROLLED COMMITTEE? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------------|-------------|-----------------------|----------------------------------------------------------|

| | | | |
|-------------------|------------------------------|----------|-----------------|
| NAME OF TREASURER | STREET ADDRESS (NO P.O. BOX) | | |
| COMMITTEE ADDRESS | STATE | ZIP CODE | AREA CODE/PHONE |

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

| | | | |
|----------------|-------------|-----------------------|----------------------------------------------------------|
| COMMITTEE NAME | I.D. NUMBER | CONTROLLED COMMITTEE? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------------|-------------|-----------------------|----------------------------------------------------------|

| | | | |
|-------------------|------------------------------|----------|-----------------|
| NAME OF TREASURER | STREET ADDRESS (NO P.O. BOX) | | |
| COMMITTEE ADDRESS | STATE | ZIP CODE | AREA CODE/PHONE |

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
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6. Primarily Formed Ballot Measure Committee

| | | | |
|-----------------------------------|------------------------|--------------|---------------------------------------------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | NAME OF BALLOT MEASURE | | |
| | BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

OFFICE SOUGHT OR HELD DISTRICT NO. (IF ANY)

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

**CALIFORNIA
FORM
460**

Statement covers period
from 01/01/2020

through 06/30/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Carlos Escobedo for Santa Maria City Council District 1 2020

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

| | | | | | |
|---------------------------------------|--------------------|--------------|--------------|-------------------------------|-------------|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 10,905.63 | \$ 10,905.63 | 1/1 through 6/30 | 7/1 to Date |
| 2. Loans Received..... | Schedule B, Line 3 | \$ 0.00 | \$ 0.00 | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ 10,905.63 | \$ 10,905.63 | 20. Contributions Received | \$ 0.00 |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 | \$ 0.00 | \$ 0.00 | 21. Expenditures Made | \$ 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ 10,905.63 | \$ 10,905.63 | | |

Expenditures Made

| | | | | | |
|------------------------------------------|----------------------|-----------|-----------|---------------------------------------------|---------------|
| 6. Payments Made..... | Schedule E, Line 4 | \$ 357.71 | \$ 357.71 | 22. Cumulative Expenditures Made* | |
| 7. Loans Made..... | Schedule H, Line 3 | \$ 0.00 | \$ 0.00 | (If Subject to Voluntary Expenditure Limit) | |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ 357.71 | \$ 357.71 | Date of Election (mm/dd/yy) | Total to Date |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | \$ 0.00 | \$ 0.00 | | |
| 10. Nonmonetary Adjustment..... | Schedule C, Line 3 | \$ 0.00 | \$ 0.00 | | |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ 357.71 | \$ 357.71 | | |

Current Cash Statement

| | | | |
|-------------------------------------------|------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ 0.00 | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). |
| 13. Cash Receipts | Column A, Line 3 above | \$ 10,905.63 | |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$ 0.00 | |
| 15. Cash Payments | Column A, Line 8 above | \$ 357.71 | |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 10,547.92 | |
| | <i>If this is a termination statement, Line 16 must be zero.</i> | | |
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$ 0.00 | |

Cash Equivalents and Outstanding Debts

| | | | |
|----------------------------|---------------------------------------|---------|--|
| 18. Cash Equivalents..... | See instructions on reverse | \$ 0.00 | |
| 19. Outstanding Debts..... | Add Line 2 + Line 9 in Column B above | \$ 0.00 | |

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

| | |
|---------------------------------------------------|---------------------------|
| CALIFORNIA 460 FORM | |
| Statement covers period from <u>01/01/2020</u> | through <u>06/30/2020</u> |
| Page <u>4</u> of <u>16</u> | |

NAME OF FILER
Carlos Escobedo for Santa Maria City Council District 1 2020

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------|---------------------------------------|
| 01/01/2020 | Roger Galvan 614 W. Main St. Santa Maria, CA 93458 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Xtreme Electronics | 100.00 | 100.00 | |
| 02/07/2020 | Diana M. Perez 351 Siler Ln. Santa Maria, CA 93455 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Cai-SOAP Director Allan Hancock College | 250.00 | 250.00 | |
| 02/10/2020 | Jessica Estudante 610 Sunrise Dr., Unit 10D Santa Maria, CA 93455 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Registered Nurse Marian Regional Medical Center | 100.00 | 100.00 | |
| 02/14/2020 | Edgar Gascon 402 Palmetto Dr. Santa Maria, CA 93455 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor Hacienda Realty | 500.00 | 500.00 | |
| 02/18/2020 | Cielito Lindo Enterprises inc 1130 E. Clark Ave. Suite 160 Santa Maria, CA 93455 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| | | | | SUBTOTAL \$ 1,450.00 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.).....\$ 8,700.00
- Amount received this period – unitemized monetary contributions of less than \$100, \$ 2,205.63
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$ 10,905.63**

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

**CALIFORNIA 460
FORM**

| NAME OF FILER | Statement covers period from <u>01/01/2020</u> through <u>06/30/2020</u> | CALIFORNIA 460 FORM | | | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| Carlos Escobedo for Santa Maria City Council District 1 2020 | Page <u>5</u> of <u>16</u> I.D. NUMBER <u>1424210</u> | | | | | |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) Vice President Engel and Gray, Inc. | AMOUNT RECEIVED THIS PERIOD 300.00 | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 300.00 | PER ELECTION TO DATE (IF REQUIRED) |
| 02/19/2020 | Robert Engel 2711 Ocotillo Ave Santa Maria, CA 93455 | | | | | |
| 02/24/2020 | Taqueria Guerrero #1 123 W. Main St. Santa Maria, CA 93458 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100.00 | 100.00 | |
| 02/26/2020 | La Puerita del Sol, Inc 1125 W. Main St., Suite A/B Santa Maria, CA 93458 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 02/27/2020 | Patrick J. Chandler 1385 Craig Dr. Lompoc, CA 93436 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Manager Loan Depot | 100.00 | 100.00 | |
| 03/03/2020 | Michael W. Moats 525 E. Plaza Dr., Suite 200 Santa Maria, CA 93455 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Dermatologist West Dermatology | 500.00 | 500.00 | |
| | | | | | | Subtotal \$ 1,500.00 |

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IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

| | |
|---------------------------------------------------|---------------------------|
| SCHEDULE A (CONT.) | |
| CALIFORNIA 460 FORM | |
| Statement covers period from <u>01/01/2020</u> | through <u>06/30/2020</u> |
| Page <u>6</u> of <u>16</u> | |

| NAME OF FILER | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------|------------------------------------|
| Carlos Escobedo for Santa Maria City Council District 1 2020 | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,500.00 | 1,500.00 | |
| 03/12/2020 Fusion Colors, Inc 504 W. Boone St. Santa Maria, CA 93458 | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 03/12/2020 Rancho Guadalupe, LLC 1280 Bonita School Rd. Santa Maria, CA 93458 | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 750.00 | 750.00 | |
| 03/26/2020 Franziska M. Shepard 401 S. Palisade Rd. Santa Maria, CA 93454 | | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Shepard Eye Center | 2,000.00 | 2,000.00 | |
| 04/26/2020 Jessica L. Byrne 306 Alyssum Circle Nipomo, CA 93444 | | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Area Director Boys & Girls Club | 100.00 | 100.00 | |
| 05/04/2020 Susana Deleon 1275 Montecito Ridge Dr. Arroyo Grande, CA 93420 | | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired Social Worker | 100.00 | 100.00 | |
| SUBTOTAL \$ 4,450.00 | | | | | | |

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

**CALIFORNIA
460
 FORM**

| NAME OF FILER | | Statement covers period from <u>01/01/2020</u> through <u>06/30/2020</u> | CALIFORNIA 460 FORM | | Page <u>7</u> of <u>16</u> | |
|---------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------|------------------------------------------|
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
| 05/20/2020 | Lavagnino for Supervisor 2014 2151 S. College Dr. Suite 101 Santa Maria, CA 93455 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 05/29/2020 | Rafael Gutierrez 1750 Domingues St. Santa Maria, CA 93454 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Lawyer R. G. Gutierrez Law Firm | 100.00 | 100.00 | |
| 06/17/2020 | Victoria Conner 3054 Bunfill Dr. Santa Maria, CA 93455 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Strategic Vitality, LLC | 100.00 | 100.00 | |
| 06/23/2020 | Christine Bisson 774 Los Ciervos Arroyo Grande, CA 93420 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Faculty Allan Hancock College | 100.00 | 100.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | | | | | SUBTOTAL \$ 1,300.00 |

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Schedule B Summary

1. Loans received this period
 (Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period
 (Total Column (c) plus loans under \$100 paid or forgiven.)
 (Include loans paid by a third party that are also itemized on S.)
3. Net change this period. (**Subtract Line 2 from Line 1.**)
 Enter the net here and on the Summary Page, Column A, Line 1.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Schedule B – Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2020

| NAME OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER) | | CONTRIBUTOR CODE* | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|--------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------|-------------------------------------|-------------------------------|-----------------------------------|
| FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR | | CODE* | LENDER | DATE | CALENDAR YEAR | PER ELECTION (IF REQUIRED) | CALENDAR YEAR |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | \$ _____ | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | \$ _____ | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | \$ _____ | |
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**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C
460
CALIFORNIA FORM

SCHEDULE C

Statement covers period
01/01/2020

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Carllos Escobedo for Santa Maria City Council District 1 2020

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)..... | \$ 0.00 |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 | \$ 0.00 |
| 3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)..... | TOTAL \$ 0.00 |

SUBTOTAL \$ 0.00

- *Contributor Codes
- IND – Individual
- COM – Recipient Committee
(other than PTY or SCC)
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee

FPPC Advice: advice@fppc.ca.gov (866/275-3772)
FPPC Form 460 (Jan/2016)
www.fppc.ca.gov

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2020

Amounts may be rounded
 to whole dollars.

SCHEDULE D
CALIFORNIA 460
FORM

| | |
|---------------------------------------------------|-----------------------------|
| Statement covers period from <u>01/01/2020</u> | CALIFORNIA 460 |
| through <u>06/30/2020</u> | Page <u>11</u> of <u>16</u> |
| I.D. NUMBER <u>1424210</u> | |

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
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Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2020

| | |
|---------------------------------------------------|---------------------------|
| SCHEDULE E | |
| CALIFORNIA 460 FORM | |
| Statement covers period from <u>01/01/2020</u> | through <u>06/30/2020</u> |
| Page <u>12</u> of <u>16</u> | |
| I.D. NUMBER <u>1424210</u> | |

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | |
|-----|---------------------------------------------------------------|-----|-------------------------------------------|
| CMP | campaign paraphernalia/misc. | MBR | member communications |
| CNS | campaign consultants | MTG | meetings and appearances |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses |
| CVC | civic donations | PET | petition circulating |
| FIL | candidate filing/ballot fees | PHO | phone banks |
| FND | fundraising events | POL | polling and survey research |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services |
| LEG | legal defense | PRO | professional services (legal, accounting) |
| LIT | campaign literature and mailings | PRT | print ads |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---------------------------------------------------------------------|------|----|------------------------|---------------------------|
| Inklings Printing CO. 403 N. G St. Lompoc, CA 93436 | LIT | | | 192.06 |
| Local Copies, etc. 1500 S. Broadway Santa Maria, CA 93454 | LIT | | | 153.48 |
| | | | | SUBTOTAL \$ 345.54 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 345.54
2. Unitemized payments made this period of under \$100.....\$ 12.17
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....\$ 357.71

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Carlos Escobedo for Santa Maria City Council District 1 2020

summarized on Schedule D.

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 0.00**
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 0.00**
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 0.00**

FPPC Advice: advice@fppc.ca.gov (866/227-3772)
May be a negative number
FPPC Form 460 (Jan/2016)
www.fppc.ca.gov

Schedule H
Loans Made to Others*

 SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2020

Amounts may be rounded
to whole dollars.
CALIFORNIA 460
FORM

 Statement covers period
 from 01/01/2020
 through 06/30/2020

Schedule I Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

1. Itemized increases to cash this period. \$ 0.00

2. Unitemized increases to cash of under \$100 this period. \$ 0.00

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL** \$ 0.00